

COPY

JUVENILE AFFIDAVIT

STATE OF ARKANSAS

COUNTY OF CROSS

I, of do solemnly swear that , in said County of Cross did on day of , commit the following acts which are violations of the laws of the State of Arkansas, specifically:

Statement of Facts:

I pray that a Petition be issued charging said juvenile with these acts of delinquency and declaring to be a juvenile delinquent as defined by Act 273 of the Acts of Arkansas, 1989.

Affiant

Address: _____

Telephone#: _____

Work Phone #: _____

Subscribed and sworn to before me this _____ day of _____, 20_____.

My Commission Expires:

Notary Public

Witnesses: Telephone/Address

DPA Approved: _____ Date: _____